

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10580586** FILING DATE

APPLICANT(S)

CLAIMS.

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9						
10	1					
11		1				
12						
13						
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17	1					
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TOTAL IND.	3		↓		↓	
TOTAL DEP.	19	←	←	←	←	←
TOTAL CLAIMS	17	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS	17	████████	████████	████████	████████	████████